

ICWA Notification***Change History***

| Date | Description | Changed by |
|-------------|--------------------|-------------------|
| Jan-05 | Initial version | G. Wheeler |
| | | |

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1. Definition

Federal regulations require Counties to notify American Indian Tribes when the County Agency is seeking court jurisdiction for a child who is an American Indian child as defined by the Indian Child Welfare Act (ICWA).

This report looks at children identified as American Indian children per their Person Management demographics (e.g., Race, Indian Tribe) who were in Out of Home Placement during the reporting period. The report also looks at children or who were placed with American Indian providers regardless of the Person Management demographics.

For each child, the report then indicates whether there is an associated Out of Home Safety Plan. If there is an Out of Home Safety Plan, the report shows whether children are flagged as being subject to ICWA. If there is an Out of Home Safety Plan, the report shows whether the American Indian Tribe was notified. The detail report also indicates whether ICWA Templates have been created for each child on the report.

r-sm10a28-icwa-notification.

2. Report Details

2.1.1 Report Population

2.1.1.1 Children Identified as an American Indian Child

If any of the following are true, the child is identified as an American Indian Child. The Detail report will have an indicate as to whether the child was identified due to demographic information or due to the out of home provider being licensed by an Indian Tribe.

Child's Demographics (if any are true)

- The "American Indian/Alaskan Native" Race is selected if any one of the Race fields (cd_race = 5 or cd_race_two = 5 or cd_race_three = 5).
- The "Native American" Ethnicity is selected (cd_cmbn_ethn = 1).
- Or, Either of the "Indian Tribe" fields has data (For report summaries the Indian Tribe field [cd_indn] takes precedence over the Indian Tribe 2 field [cd_indn2] by Tribe 2 would be used if no Tribe exists).

Provider with License Type = Tribal

- Or if the Provider of **any one of the** child's Out of Home Placements **(since the removal date)** has a License Type of Tribal – Home Provider > Header > Lcns. Type field (CD_LCNS_TYP = 5)

2.1.1.2 Children who have a Qualifying Out of Home Placement

1. Has an open "out of home placement" during the reporting period.
2. Exclude out of home placements with the following Placement Statuses: Kinship Care – Voluntary, Youth Correctional Facility, Adult Corrections [(EPISODE.CD_PLCM_SETNG in (13, 37, 38)].
3. The placement was opened prior to the end of the reporting period
4. The placement was not Ended for reason of "Placement Made in Error"

If a child has more than one "out of home placement" in the reporting period:

- Data for the most recent Out of Home Placement prior to the end of the reporting period will be displayed in the detail report.
- The child's "Removal Date" (EPISODE.DT_RMV) will be pulled from the child's most recent Out of Home Placement.

2.1.2 Report Data: Find an Out of Home Safety Plan for each child

Find the most recent Out of Home Safety Plan by creation date. The creation date must be on or after the child's "Removal Date" and on or before end date of the reporting period. The Out of Home Safety Plan must be approved. Indicate which of the following apply:

1. Child is an American Indian child as defined by the Indian Child Welfare Act (FL_PC6)
2. Tribal Representative Notified (FL_TRBL_REP_NTFD)
3. Date Notified by Mail (DT_NTFD)
4. Yes/No indicator that says "YES" if any of the text boxes in the Placement tab > "ICWA Placement Provider Options" group box are populated (something other than blanks or all spaces).

2.1.3 Report Data: ICWA Templates

For each child, indicate on the detail record whether or any one of the three templates was created. The template record must be the most recent, approved where applicable, by creation date on or before the report period end date.

1. Screening for Child's Indian Status
 - ID_DOC = 1011051
 - NO approval
2. Request for Confirmation of Child's Indian Status (requires approval)
 - ID_DOC = 1011042
 - APPROVAL.CD_WRK_TYPE = 12
 - APPROVAL.ID_WRK_TYPE = ASSESSMENT.ID_ASES
3. Notice of Involuntary Child Custody Proceeding Involving an Indian Child (requires approval & MUST BE ON OR AFTER "Removal Date")
 - ID_DOC = 1011043
 - APPROVAL.CD_WRK_TYPE = 12
 - APPROVAL.ID_WRK_TYPE = ASSESSMENT.ID_ASES

Potential SQL:

```
select * from document_mgmt dm, assessment a, approval ap
where id_doc in (1011042, 1011043)
and cd_prmry_type = 'C'
and id_prmry_type = 20239 -- {CURRENT CASE ID}
and dm.id_wrk_type = a.id_ases
and id_ases = ap.id_wrk_type
and ap.cd_wrk_type = 12
and a.id_prsn = 20843 --{CURRENT CHILD ID}
order by dm.ts_cr desc
```

```
select * from document_mgmt dm, assessment a
where id_doc = 1011051
and cd_prmry_type = 'C'
and id_prmry_type = 20239 -- {CURRENT CASE ID}
and dm.id_wrk_type = a.id_ases
and a.id_prsn = 20843 --{CURRENT CHILD ID}
order by dm.ts_cr desc
```

3. Parameters:

Parameter Description

- 1) Report Begin Date
- 2) Report End Date
- 3) County (scheduled runs = "ALL")
- 4) Report Type (scheduled runs = "R")
- 5) Output Group (scheduled runs = "A")

| Parameter | Columns | Length | Notes |
|--------------|---------|--------|--|
| Jobname | 1 – 7 | 7 | "SM10a28" |
| Filler | 8 | 1 | "*" |
| Report Begin | 9-16 | 8 | MMDDYYYY |
| Filler | 17 | 1 | "*" |
| Report Month | 18-25 | 8 | MMDDYYYY |
| Filler | 26 | 1 | "*" |
| County | 27-29 | 3 | "ALL" - run for all counties ("000" or 3 blank spaces also work) "040" - To run a specific county (county number for Milwaukee shown) |
| Filler | 30 | 1 | "*" |
| Report Type | 31 | 1 | "R" Regular run "O" On Demand run |
| Filler | 32 | 1 | "*" |
| Output Group | 33 | 1 | "C" County outputs only "O" OPEP outputs only "S" OPEP and Statewide outputs only "A" All outputs |

Allowable Parm combinations

| Output Group | Type | County | Outputs |
|--------------|------|------------|---|
| C | R | ALL | County output for each of the 72 Counties and the "State" (cd_cnty = 76) County distributed to eWReports. |
| C | R | {county #} | County output for the specified County distributed to eWReports. |
| C | O | {county #} | County output for the specified County distributed to on-demand report requestor. |
| O | R | ALL | OPEP outputs only distributed to eWReports. |
| O | O | ALL | OPEP outputs only distributed to on-demand report requestor. |
| S | R | ALL | OPEP and Statewide outputs distributed to eWReports. |
| S | O | ALL | OPEP and Statewide outputs distributed to on-demand report requestor. |
| A | R | ALL | County, OPEP, and Statewide outputs distributed via eWReports. |

4. Report Distribution

4.1 Schedule

Schedule and Report Reference Data
Scheduled and On-Demand.

| Batch Cycle | Parm Values | Expected Outputs |
|---------------------------------------|--|-------------------------------------|
| QPEP [Quarterly] | SM10a28*{previous quarter}*ALL*R*A | County, OPEP, and Statewide outputs |
| Annual (March 15 th cycle) | SM10a28*{previous calendar year}*ALL*R*A | County, OPEP, and Statewide outputs |

4.2 eWReport Reference Data

At initial deployment (pilot) each report will be flagged as “Restricted” in eWReports.
After the pilot period the Statewide Summary and Countyized Reports will be changed to “unrestricted”.
After the pilot period the OPEP Report will remain restricted.

| Field | Values | Values | Values |
|----------------|--|--|--|
| id_resource | | | |
| tx_name | ICWA Notification | ICWA Notification – OPEP | ICWA Notification – Statewide Summary |
| tx_description | PEP Report: reports on how many children in placement are identified as American Indian children and if notification was sent to tribal representatives regarding the placement. | PEP Report: Provides details and summaries regarding how many children in placement are identified as American Indian children and if notification was sent to tribal representatives regarding the placement. | PEP Report: summarizes how many children in placement are identified as American Indian children and if notification was sent to tribal representatives regarding the placement. |
| tx_short_name | SM10a28a | SM10a28b | SM10a28c |
| qt_display | 13 | 17 | 21 |
| cd_county | 99 | 76 | 99 |
| fl_restricted | Y | Y | Y |
| fl_on_demand | Y | Y | Y |
| cd_frequency | Q | Q | Q |
| cd_topic | 46 (translates to SM10a Out-Of-Home Placement / In Home Services) | 46 (translates to SM10a Out-Of-Home Placement / In Home Services) | 46 (translates to SM10a Out-Of-Home Placement / In Home Services) |

cd_topic comes from: (select * from code_desc where id_grp = 'WRTOPICS')

Outputs

The following outputs will be used for this report. A description is provided below:

| Program Execution Sequence | | | | | |
|----------------------------|-----------------------------|----------------|------------|---|------------|
| Seq | Program Name | Parameters | Dependency | Output | Distribute |
| 1 | r-sm10a28-icwa-notification | sm10a28-r-parm | None | sm10a28- <i>{datetimestamp}</i> .LOG | N |
| | | | | sm10a28a-icwa-cnty-smry- <i>{county name}</i> Contains summaries: ICWA Notification Summary – by County ICWA Notification Summary – by Indian Tribe (within a County) | Y |

| Program Execution Sequence | | | | | |
|----------------------------|--------------|------------|------------|---|------------|
| Seq | Program Name | Parameters | Dependency | Output | Distribute |
| | | | | sm10a28a-icwa-cnty-detail- <i>{county name}</i> .csv | Y |
| | | | | sm10a28b-icwa-o pep-smry-by-county-All-Counties.csv | |
| | | | | sm10a28b-icwa-o pep-smry-tribe-within-county-All-Counties.csv | |
| | | | | sm10a28b-icwa-o pep-smry-by-tribe-All-Counties.csv | |
| | | | | sm10a28b-icwa-o pep-detail-All-Counties.csv | Y |
| | | | | sm10a28c-icwa-state-smry-by-county-All-Counties.csv | |
| | | | | sm10a28c-icwa-state-smry-by-tribe-All-Counties.csv | |

County Report(s)

Created for Regular (scheduled) runs of the report as well as On Demand requests when the Parameter is a County. Outputs are:

- County Summary report – contains a page for the following reports:
 - By County report
 - Indian Tribe by County report
- County Detail report (.csv)

OPEP Report(s)

Created for Regular (scheduled) runs of the report as well as On Demand requests when the County parameter ALL. Outputs are all in .CSV format:

- Statewide Detail report
- Summary Reports in .CSV format for the entire state:
- Tribal Notification Summary – by County
 - Tribal Notification Summary – By Indian Tribe (within a County)
 - Tribal Notification Summary – by Indian Tribe

Statewide Summary Report(s)

Created for Regular (scheduled) runs of the report and On-demand requests when the county parm is ALL.

A statewide version of the summary reports (MS Word Document) showing the Totals/Averages for the entire state (with any appropriate groupings) and each County's Totals/Averages. Outputs are:

- Tribal Notification Summary – by County
- Tribal Notification Summary – by Indian Tribe

5. Summary Reports

5.1 Report Examples

5.1.1 Tribal Notification Summary – by County

DATE: 12/10/2004
 Time: 10:41 AM
 County: Winnebago

Wisconsin Dept. of Health and Family Services
 Division of Children and Family Services
American Indian Children in Out of Home Placement
Tribal Notification Summary – By County

Report ID: SM10a28a
 Page: 1

Report Begin Date: 07/01/2004 Report End Date: 09/30/2004

| County/Site | Indian Children in Out of Home Placement | Children New this Reporting Period | Number with Out of Home Safety Plan | Number Subject to ICWA (per OH Safety Plan) | Number with Tribal Rep. Notified (per OH Safety Plan) | Number with "ICWA Placement Provider Options" Information |
|-------------------|---|---|---|--|--|---|
| Winnebago-Oshkosh | 30 | 0 | 10 | 4 | 6 | 10 |
| Winnebago-Neenah | 40 | 9 | 6 | 4 | 20 | 10 |
| ALL | 70 | 9 | 16 | 8 | 26 | 20 |

All Report Numbers are fictitious and used solely for demonstrating report layout

123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*12

Numbers used in development of report.

5.1.2 Tribal Notification Summary – by Indian Tribe (within a County)

NO STATEWIDE VERSION OF THIS REPORT (but OPEP .CSV output will still be produced)

DATE: 12/10/2004
Time: 10:41 AM
County: Winnebago

Wisconsin Dept. of Health and Family Services
Division of Children and Family Services
American Indian Children in Out of Home Placement
Tribal Notification Summary – By Indian Tribe (within a County)

Report ID: SM10a28a
Page: 1

Report Begin Date: 07/01/2004 Report End Date: 09/30/2004

| Indian Tribe | Indian Children in Out of Home Placement | Children New in this Reporting Period | Number with Out of Home Safety Plan | Number Subject to ICWA (per OH Safety Plan) | Number with Tribal Rep. Notified (per OH Safety Plan) | Number with "ICWA Placement Provider Options" Information |
|--------------------|---|--|---|--|---|---|
| Stockbridge Munsee | 30 | 2 | 5 | 4 | 6 | 5 |
| Ho Chunk | 30 | 3 | 6 | 2 | 10 | 10 |
| Unknown | 10 | 4 | 5 | 2 | 10 | 5 |
| ALL | 70 | 9 | 16 | 8 | 26 | 20 |

All Report Numbers are fictitious and used solely for demonstrating report layout

123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*12

Numbers used in development of report.

5.1.3 Tribal Notification Summary – by Indian Tribe

NO COUNTY VERSION OF THIS REPORT

DATE: 12/10/2004
 Time: 10:41 AM
 County: STATEWIDE

Wisconsin Dept. of Health and Family Services
 Division of Children and Family Services
American Indian Children in Out of Home Placement
Tribal Notification Summary – By Indian Tribe

Report ID: SM10a28c
 Page: 1

Report Begin Date: 07/01/2004 Report End Date: 09/30/2004

| Indian Tribe | County | Indian Children in Out of Home Plcm | Children New this Rptng Period | Number with Out of Home Safety Plan | Number Subject to ICWA (per OH Safety Plan) | Number with Tribal Rep. Notified (per OH Safety Plan) | Number with "ICWA Placement Provider Options" Info. |
|-------------------------|------------|---|---|--|--|--|--|
| STATEWIDE TOTALS | | 20 | 9 | 10 | 6 | 4 | 2 |
| BLANK | ALL | 40 | 5 | 32 | 28 | 24 | 20 |
| BLANK | Eau Claire | 20 | 4 | 16 | 14 | 12 | 10 |
| BLANK | Pepin | 20 | 1 | 16 | 14 | 12 | 10 |
| Stockbridge Munsee | ALL | 20 | 2 | 10 | 6 | 4 | 2 |
| Stockbridge Munsee | Winnebago | 10 | 1 | 5 | 3 | 2 | 1 |
| Stockbridge Munsee | Calumet | 10 | 1 | 5 | 3 | 2 | 1 |
| Chippewa Bad River Band | ALL | 45 | 3 | 36 | 24 | 18 | 12 |
| Chippewa Bad River Band | Chippewa | 15 | 2 | 12 | 8 | 6 | 4 |
| Chippewa Bad River Band | Dunn | 15 | 1 | 12 | 8 | 6 | 4 |
| Chippewa Bad River Band | Barron | 15 | 0 | 12 | 8 | 6 | 4 |

All Report Numbers are fictitious and used solely for demonstrating report layout

123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*12

Numbers used in development of report.

5.2 Report Key

5.2.1 ICWA Notification Summary – by County

| Report Column | Report Column Definition |
|---|--|
| 123456789*1234567 | 89*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*1 |
| County/Site | Calculations are grouped by County and by Site within the County. The County/Site comes from the primary worker assigned at the end of the reporting month. If no primary worker is assigned at the time of CPS Initial Assessment approval, the County/Site comes from most recent supervisory assignment at or prior to the end of the reporting month. If no supervisor is found, the County/Site comes from the most recent secondary assignment at or prior to the end of the reporting month. |
| Indian Children in Out of Home Placement | Number of children identified as American Indian children who were in Out of Home Placement for at least one day during the reporting period. The report identifies children as being American Indian in one of two ways. 1) Demographic Identification - Child's Person Management window. If any of the race fields show "American Indian/Alaskan Native", or the ethnicity field shows "Native American", or a value is selected in either of tribe fields. 2) Provider Identification - Child is placed with a Provider who has a License Type of "Tribal." If any of the providers, with whom the child was placed during the reporting period has a License Type of "Tribal" on the report run date, the child is pulled into the report. Children who only have Kinship Care - Voluntary, Youth Correctional Facility, Adult Corrections out of home placements during the reporting period are also excluded. |
| Children New in this Reporting Period | Number of children whose Out of Home Placement "Removal Date" occurred during the reporting period. |
| Number with Out of Home Safety Plan | Number of children with an approved Out of Home Safety Plan created after the child's most recent "Removal Date". The most recent plan on or after the "Removal Date" and on or before the end of the reporting period is retrieved. |
| Number Subject to ICWA (per OH Safety Plan) | Number of children with the "Child is an American Indian child as defined by the Indian Child Welfare Act" checkbox checked on the Out of Home Safety Plan window > Jurisdiction tab. |
| Number with Tribal Rep. Notified (per OH Safety Plan) | Number of children with the "Tribal Representative Notified" checkbox checked on the Out of Home Safety Plan window > Jurisdiction tab. |
| Number with "ICWA Placement Provider Options" Information | Number of children with a Preferred Tribal Provider documented on the Out of Home Safety Plan window > Placement tab > in the "ICWA Placement Provider Options" group box. |

5.2.2 ICWA Notification Summary – by Indian Tribe (within a County)

COUNTY SUMMARY ONLY

| Report Column | Report Column Definition |
|---|--|
| 123456789*1234567 | 89*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*1 |
| Indian Tribe | This field groups report calculations by the child's American Indian tribe. The child's American Indian tribe is designated on the child's Person Management window > Basic tab > "Indian Tribe" field. |
| Indian Children in Out of Home Placement | Number of children identified as American Indian children who were in Out of Home Placement for at least one day during the reporting period. The report identifies children as being American Indian in one of two ways. 1) Demographic Identification - Child's Person Management window. If any of the race fields show "American Indian/Alaskan Native", or the ethnicity field shows "Native American", or a value is selected in either of tribe fields. 2) Provider Identification - Child is placed with a Provider who has a License Type of "Tribal." If any of the providers, with whom the child was placed during the reporting period has a License Type of "Tribal" on the report run date, the child is pulled into the report. Children who only have Kinship Care - Voluntary, Youth Correctional Facility, Adult Corrections out of home placements during the reporting period are also excluded. |
| Children New in this Reporting Period | Number of children whose Out of Home Placement "Removal Date" occurred during the reporting period. |
| Number with Out of Home Safety Plan | Number of children with an approved Out of Home Safety Plan created after the child's most recent "Removal Date". The most recent plan on or after the "Removal Date" and on or before the end of the reporting period is retrieved. |
| Number Subject to ICWA (per OH Safety Plan) | Number of children with the "Child is an American Indian child as defined by the Indian Child Welfare Act" checkbox checked on the Out of Home Safety Plan window > Jurisdiction tab. |
| Number with Tribal Rep. Notified (per OH Safety Plan) | Number of children with the "Tribal Representative Notified" checkbox checked on the Out of Home Safety Plan window > Jurisdiction tab. |
| Number with "ICWA Placement Provider Options" Information | Number of children with a Preferred Tribal Provider documented on the Out of Home Safety Plan window > Placement tab > in the "ICWA Placement Provider Options" group box. |

5.2.3 ICWA Notification Summary – by Indian Tribe

STATEWIDE ONLY

| Report Column | Report Column Definition |
|---|--|
| 123456789*1234567 | 89*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*1 |
| Indian Tribe | This field groups report calculations by the child's American Indian tribe. The child's American Indian tribe is designated on the child's Person Management window > Basic tab > "Indian Tribe" field. |
| County/Site | Calculations are grouped by County and by Site within the County. The County/Site comes from the primary worker assigned at the end of the reporting month. If no primary worker is assigned at the time of CPS Initial Assessment approval, the County/Site comes from most recent supervisory assignment at or prior to the end of the reporting month. If no supervisor is found, the County/Site comes from the most recent secondary assignment at or prior to the end of the reporting month. |
| Indian Children in Out of Home Placement | Number of children identified as American Indian children who were in Out of Home Placement for at least one day during the reporting period. The report identifies children as being American Indian in one of two ways. 1) Demographic Identification - Child's Person Management window. If any of the race fields show "American Indian/Alaskan Native", or the ethnicity field shows "Native American", or a value is selected in either of tribe fields. 2) Provider Identification - Child is placed with a Provider who has a License Type of "Tribal." If any of the providers, with whom the child was placed during the reporting period has a License Type of "Tribal" on the report run date, the child is pulled into the report. Children who only have Kinship Care - Voluntary, Youth Correctional Facility, Adult Corrections out of home placements during the reporting period are also excluded. |
| Children New in this Reporting Period | Number of children whose Out of Home Placement "Removal Date" occurred during the reporting period. |
| Number with Out of Home Safety Plan | Number of children with an approved Out of Home Safety Plan created after the child's most recent "Removal Date". The most recent plan on or after the "Removal Date" and on or before the end of the reporting period is retrieved. |
| Number Subject to ICWA (per OH Safety Plan) | Number of children with the "Child is an American Indian child as defined by the Indian Child Welfare Act" checkbox checked on the Out of Home Safety Plan window > Jurisdiction tab. |
| Number with Tribal Rep. Notified (per OH Safety Plan) | Number of children with the "Tribal Representative Notified" checkbox checked on the Out of Home Safety Plan window > Jurisdiction tab. |
| Number with "ICWA Placement Provider Options" Information | Number of children with a Preferred Tribal Provider documented on the Out of Home Safety Plan window > Placement tab > in the "ICWA Placement Provider Options" group box. |

6. Window Screen Shots

6.1 Person Management > Basic tab

Person Management: 'Brooks, Brad' ID:20843 -- Web Page Dialog

eWISACWIS Print Spell Check Help ?

Basic Additional AKA Names Address Relationship Kinship/AFCARS Background Check

Name
 ID: 20843 Prefix: First Name: Brad MI: Last Name: Brooks Suffix: ☐ Save as AKA

Basic:
 Gender: Male ☐ U.S. Citizen SSN: 997-69-4921
 Birth Date: 05/05/1992 Birth Place: Death Date: 01/01/0000
 Commitment#: County Person ID:

Wisconsin Resident: Yes Primary Language: English
 Religion: ☐ Interpreter Required
 Marital Status:

Ethnicity
 Primary Race: American Indian/Alaskan Native Race: ☐
 Race: Ethnicity: Native American
 Hispanic/Latino: No Indian Tribe: Lac Courte Oreilles Band
 Indian Tribe 2: Chippewa Bad River Band Tribal Reference #:

Save Close

select id_grpi, tx_desc_lrg from code_desc
 where id_grp = 'INDNTRIB'

| id_grpi | tx_desc_lrg |
|---------|--------------------------|
| 1 | Chippewa Bad River Band |
| 2 | Lac Courte Oreilles Band |
| 3 | Lac Du Flambeau Band |
| 7 | Menominee |
| 11 | Oneida |
| 12 | Other Native American |
| 6 | Potawatomi |
| 10 | Red Cliff |
| 5 | Sokoagon (Mole Lake) |
| 4 | St. Croix |
| 8 | Stockbridge Munsee |
| 13 | Unknown |
| 9 | Winnebago (Ho Chunk) |

PSAC Update will update #1 to 'Bad River Band' and #9 to 'Ho Chunk'.

```
select * from code_desc where id_grp = 'INDNTRIB'
```

```
Update code_desc set tx_desc_lrg = 'Bad River Band'
where id_grpi = 1
and id_grp = 'INDNTRIB'
;
```

```
Update code_desc set tx_desc_lrg = 'Ho Chunk'
where id_grpi = 9
and id_grp = 'INDNTRIB'
;
```

PSAC Update will replace commas with slashes in the 'Mexican, Chicano, Mexican American' Ethnicity. This will enable the production of "Comma Delimited" (.csv) files.

```
select * from code_desc where id_grp = 'CMBNETHN'
and id_grpi = 16
;
```

```
update code_desc
set tx_desc_lrg = 'Mexican/Chicano/Mexican American'
where id_grp = 'CMBNETHN'
and id_grpi = 16
;
```

```
update person p
set cd_indn = null, cd_indn2 = null
where (
    (p.cd_indn = 13 and (p.cd_indn2 IS NULL or p.cd_indn2 = 13))
    or (p.cd_indn2 = 13 and (p.cd_indn IS NULL or p.cd_indn = 13))
)
and (
    NVL(p.cd_race,1) <> 5
    and NVL(p.cd_race_two,'1') <> '5'
    and NVL(p.cd_race_three,'1') <> '5'
    and nvl(p.cd_cmbn_ethn, 99) <> 1
)
;
```

6.2 Out of Home Safety Plan > Jurisdiction tab

Out of Home Safety Plan - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Plan Information

| | | |
|---------------------------|-------------------|-----------------|
| Case Name: Brenda Brooks | Case ID: 20238 | Effective Date: |
| Child Name: Brenda Brooks | Worker: Frank Fox | Status: Pending |

Jurisdiction Placement Placement Safety

Jurisdiction

Is there jurisdiction for court ordered placement? ☒ Yes ☐ No

Are parents willing to or have they signed a Voluntary Placement Agreement? ☒ Yes ☐ No

Placement Conditions

| | |
|--|---|
| <input type="checkbox"/> Child can function within a family setting | <input type="checkbox"/> Child needs separation from own family network. |
| <input type="checkbox"/> Child needs a family setting | <input type="checkbox"/> Child can best be served by a group setting. |
| <input type="checkbox"/> Family Relatives/Friends are suitable and available | <input checked="" type="checkbox"/> Child is an American Indian child as defined by the Indian Child Welfare Act. |
| <input type="checkbox"/> Tribal Representative Notified. | Date Notified by Mail: 00/00/0000 |

Options: Go Save Close

Done Internet

6.3 Out of Home Safety Plan > Placement tab

Out of Home Safety Plan - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Plan Information

| | | |
|---------------------------|-------------------|-----------------|
| Case Name: Brenda Brooks | Case ID: 20238 | Effective Date: |
| Child Name: Brenda Brooks | Worker: Frank Fox | Status: Pending |

Jurisdiction Placement Placement Safety

school district, so please explain why the removal from the child's community was necessary:

Provider Name: Search

Provider Address: Street Apt

City: State: Zip:

ICWA Placement Provider Options

| | Preferred | Available | Selected |
|---|----------------------|--------------------------|----------------------|
| Member of the Indian child's extended family | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| Foster Home licensed, approved or specified by Indian Child's Tribe | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| Indian Foster Home licensed or approved by non-Indian authority | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| Group Home approved or operated by Indian Tribe/Organization | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| Institution for children approved or operated by Indian Tribe | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| Other | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |

Options: Go Save Close

Done Internet

6.4 Home Provider > Header

Home Provider - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Basic:
 Number: 20170 Name: AAA Agency Type: Kinship Care Home Status: Active
 Lons. Type: Tribal Lons. Agency: Unknown HERS Number:

Home Members Characteristics Services Training

Home Information
Parent 1: AAA Agency Parent 2: BBB Agency
 C/O: Home: (800)515-4566 Ed:
 Street: 255 Hooper Blvd. Apt. Work: Ed:
 City: Madison State: WI Zip: 53701 Fax:
 Country:

Emergency Contact Information
 Name: Phone: Ext: Name: Phone: Ext:

Further Information
 Primary Language: English ☐ B/T
Marital Status: Single Female ☐ 1099 Form Required
 County: Dane ☐ FBN
 Parent Agency: AAA Agency ☐ SSN
☐ NOA

County Provider ID

| County | Provider ID | Delete |
|-----------|-------------|------------------------|
| Milwaukee | 55555 | Delete |

Options:

Done Internet

7. Detail Report - Field Descriptions

Sort data by:

- County of the primary worker
- Site of the primary worker
- Case Number
- Child ID

| Field | Description/Notes |
|------------------------|--|
| Report Run Date | System date at time of report run. Includes timestamp |
| Report Begin Date | Report period begin date. |
| Report End Date | Report period end date. |
| Worker County | County is pulled from the assignment record returned by the database function F_CASE_ASSIGN. The Report Date is passed as a parameter. ASSIGNMENT.CD_OFC_DIV translated to LOCATION.TX_OFC_DIV |
| Worker Site | Site is pulled from the assignment record returned by the database function F_CASE_ASSIGN. The Report Date is passed as a parameter. ASSIGNMENT.CD_DEPT_UNIT translated to LOCATION.TX_DEPT_UNIT |
| Worker ID | The Worker is pulled from the assignment record returned by the database function F_CASE_ASSIGN. ASSIGNMENT.ID_PRSN |
| Worker Last Name | The Worker Last Name is pulled from the Person record for the Worker ID returned above PERSON.NM_LST. |
| Worker First Name | The Worker First Name is pulled from the Person record for the Worker ID returned above PERSON.NM_FRST. |
| Worker Assignment Type | The Type of assignment is pulled from the assignment record returned by the database function F_CASE_ASSIGN. ASSIGNMENT.CD_ASGN_TYPE translated to ASSIGN_CATEGORY.TX_ASGN_TYPE |
| Worker Assignment Role | The Type of assignment is pulled from the assignment record returned by the database function F_CASE_ASSIGN. ASSIGNMENT.CD_ASGN_ROLE translated to ASSIGN_CATEGORY.TX_ASGN_ROLE Text value for |
| Supervisor ID | The Person ID of the Worker's supervisor (WORKER.ID_PRSN_SPRV). |
| Supervisor Last Name | The Supervisor Last Name is pulled from the Person record for the Supervisor ID returned above PERSON.NM_LST. |
| Supervisor First Name | The Supervisor First Name is pulled from the Person record for the Supervisor ID returned above PERSON.NM_LST. |
| Case ID | The Case ID (CASE.id_case). Pulled from the case where the Initial Assessment was completed. |
| Case Name Last | Pulled in based on Case ID (CASE.NM_CASE_LST) |
| Case Name First | Pulled in based on Case ID (CASE.NM_CASE_FRST) |
| Case Type | Text Value for CASE.CD_CASE_TYPE (id_grp = 'CASETYPE') |
| Child ID | The Person ID of the child (PERSON.id_prsn). |
| How Tribe Identified | Demographic, Provider License Type, Both |
| Child Last Name | Last name based on Child ID. |

| Field | Description/Notes |
|--|--|
| Child First Name | First name based on Child ID. |
| Child Birth Date | DOB based on Child ID. |
| Child Age at Rpt End Date | The calculated age of the child at the Report End Date. |
| Gender | 'F', 'M', or 'U' based on PERSON.CD_GNDR |
| Child Race1 | Text value for cd_race based on Child ID (id_grp = 'PRSNRACE'). |
| Child Race2 | Text value for cd_race_two based on Child ID (id_grp = 'PRSNRACE'). |
| Child Race3 | Text value for cd_race_three based on Child ID (id_grp = 'PRSNRACE'). |
| Child Ethnicity | Text value for cd_cmbn_ethn based on Child ID (id_grp = 'CMBNETHN'). |
| Child Tribe1 | Text value for cd_indn based on Child ID (id_grp = 'INDNTRIB'). |
| Child Tribe2 | Text value for cd_indn2 based on Child ID (id_grp = 'INDNTRIB'). |
| Clinically Diagnosed Disability | 'Y', 'N', or 'U' based on PERSON.FL_CLNC_DGNSD |
| Mental Retardation | 'Y' or 'N' based on PERSON.FL_MNTAL_RETARDATN |
| Physically Disabled | 'Y' or 'N' based on PERSON.FL_PHYS_DISABLED |
| Visually Hearing Impaired | 'Y' or 'N' based on PERSON.FL_VIS_HEARING_IMPR |
| Emotionally Disturbed | 'Y' or 'N' based on PERSON.FL_EMOTION_DSTRBD |
| Learning Disability | 'Y' or 'N' based on PERSON.FL_LRN_DISABILITY |
| Other Medically Diagnosed Cond. | 'Y' or 'N' based on PERSON.FL_OTHR_SPC_CARE |
| New Child | "Yes" if the Dt_Removal is within the reporting period. "No" if the dt_removal is not within the reporting period. |
| Case Finding | Demographic, Provider License Type, Both |
| Provider ID | If Case Finding is "Provider License Type" or "Both", populate with id of the provider that pulled the child into the report. |
| ID OH Safety Plan | SAFETY_PLAN_OH.ID_SAFETY_PLAN_OH |
| Date OH Safety Plan | SAFETY_PLAN_OH.TS_CR |
| Date Aprvl OH Safety Plan | SAFETY_PLAN_OH.DT_PLN_EFFECTV |
| ICWA Child | "Y" or "N" based on this checkbox: Child is an American Indian child as defined by the Indian Child Welfare Act (FL_PC6) |
| Tribal Rep Notified | "Yes" or "No" based on this checkbox: Tribal Representative Notified (FL_TRBL_REP_NTFD). |
| Date Nofified | DT_NTFD |
| Num with Typing in "ICWA Placement Provider Options" | If any of these fields are NOT NULL, set this field = 'YES'. If all fields are NULL, set this field = 'NO' TX_PRFRRD_EXT_FMLY, TX_SLCTD_EXT_FMLY, TX_PRFRRD_FSTR_HM, TX_SLCTD_FSTR_HM, TX_PRFRRD_IND_FSTR, TX_SLCTD_IND_FSTR, TX_PRFRRD_GRP_HM, TX_SLCTD_GRP_HM, TX_PRFRRD_INSTN, TX_SLCTD_INSTN, TX_PRFRRD_OTHR, TX_SLCTD_OTHR |
| Template Screening | "Yes" if exists for the child (ID_DOC = 1011051; NO approval). |
| Template Request Confirmation | "Yes" if exists for the child (ID_DOC = 1011042; HAS APPROVAL; cd_wrk_type = 12). |
| Template Notice Custody Proceed | "Yes" if exists for the child and the creation date is after the most recent removal (ID_DOC = 1011043; HAS APPROVAL; cd_wrk_type = 12). |

| Field | Description/Notes |
|--------------------------|--|
| ID Episode | The ID of the most recent Out of Home Placement open during the reporting month [cd_plcm_setng not in (13, 37,38)] |
| Date Removal | This is the Date of Latest Removal (pulled from most recent Placement (EPISODE.dt_rmv)) |
| Date Begin Current Plcmt | Pulled based on the ID_EPSD. |
| Placement Setting Code | CD_PLCM_SETNG pulled based on ID_EPSD |
| Placement Setting | Text Value for cd_plcm_setng pulled based on ID_EPSD and id_grp = 'PLCMSTNG' |
| County Where Placed | Pulled in based on the Provider Organization's County (Provider_Org.cd_rgn) for the ID_EPSD. |
| Plcmt End Date | If present on most recent placement |
| Plcmt End Reason | Text value of End Reason (cd_end_rsn) If present on most recent placement |
| Discharge Flag | If present on most recent placement (fl_plcm_dsch) |
| Discharge Reason | Text value of Discharge Reason (cd_plcm_dsch_rsn) If present on most recent placement |